Department of Health and Human Services
Licensing and Regulatory Services - MMMP
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Department of Health and Human Services
Maine People Living Healthy and Productive Lives
Paul R. LePage, Governor — Mary C. Mayhew, Commissioner

Medical Use of Marijuana Program

Change Form

Section 1 CURRENT CARD

Current Registration # on Card: _____

Current Control # on Card: _____

Section 2 PATIENT IDENTIFICATION

Name of patient (last, first, middle initial)

Home Address
(number and street name)

(city, state, zip code)

Telephone: (207) _____ - _____

Email address: _____

Section 3 CHANGED INFORMATION (check all that apply)

☐ Change NAME from _____ to	_____
☐ Change ADDRESS from _____ to _____	_____ _____

Form approved 9/2011
Revised November 2011

☐ Change PHYSICIAN from _____ to	_____
☐ Change DESIGNATED GROWER from Patient cultivation___ Dispensary cultivation ____ Primary caregiver cultivation ___ Both patient and dispensary ____ Both patient and primary caregiver ____ to	Patient cultivation ___ Dispensary cultivation ___ Primary caregiver cultivation ____ Both patient and dispensary ____ Both patient and primary caregiver ___
☐ OTHER CHANGE (describe) From _____ to	_____

Date change to take effect: _____

Section 4 PATIENT DECLARATION

- **I UNDERSTAND and acknowledge my duty as a patient.**
- **I DECLARE under penalty of perjury that the information provided on this form is true and correct.**
- **I CERTIFY that I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes, except as provided by the Maine Medical Use of Marijuana Act and its rules.**

Print Name: _____

Signature: _____ Date: _____

Signature of person legally responsible: _____ Date: _____